

Customer Release Notes



RIS Version 2

Build 2016.2

TABLE OF CONTENTS

Table of Contents	2
Purpose	5
Intended Audience.....	5
New Features and Enhancements.....	6
General	6
12999 – Create a Configurable Default Values Framework	6
7532 – Allow referring physicians to opt out of Marketing Faxes	6
9569 – Add Email Delivery Preference to Search Screen and Address Summary	7
13090 – Capture Patient’s County on the Patient Demographics Tab.....	8
Reception	9
13327 – Imagine Payment Portal Integration	9
Insurance Eligibility & Verification	15
13110 – Update the PAYERS.JSON URL to Resume Ability to Add New Payers	15
13481 – Ability to Configure Eligibility Rules to Ignore the Amount to Collect for an Exam When Certain Insurance Carriers Are Included	16
Technologist.....	16
12911 – Create a Configuration Option to Default the Logged-In User as the Performing Technologist.....	16
13157 – Support Tech Only Workflow Based on Procedure Code in Addition to Patient Class	16
Radiologist	17
13069 – Ability to Open Signed Reports in a Radiologist Layout as Read-Only.....	17
PACS Integrations	18
13351 – RIS/PACS Sync Enhancements	18
12915 – GE Universal Viewer – Integrate based on Accession Number Instead of Study Instance UID	20

Digital Forms	20
12991 – Load Selected Answers from Previous Digital Form.....	20
Work Lists	21
7812 – Add a Sedation Required Flag to Work Lists	21
12675 – Add Referring and Patient Type (Class) Columns to Billing Exception and Billing Confirmation Work Lists	21
13613 – Limit the Scope of the IVT Work List to a Set of Sites	22
EMR.....	23
8158 – EMR Order Reassociation.....	23
CD Import.....	25
9511 – option to Retain the Institution Name from the CD or Substitute an Alternative Institution Name for CD Import	25
Interfacing.....	26
13228 – Receive and Update Billing Codes Via Interface.....	26
11989 – Configurable XML File Drop.....	27
Localization	29
13409 – Support Spanish Language in eRAD RIS.....	29
Platform	29
12697 – Minimum Supported .NET Framework Version is now 4.5.2	29
13183 – Microsoft SQL Server 2008 R2 SP3 has been validated	29
Code Stream	30
RIS Release Version Numbers.....	31
New Settings.....	33
New access strings	33
New system configuration settings	33
Resolved Defects	33

Resolved Defects for 2.2016.2	33
Known Limitations	43

PURPOSE

This is the customer Release Notes document for eRAD RIS Version 2016.2.

Not every feature will be described in this document. Typically only features which can be visually demonstrated to the user are outlined here.

INTENDED AUDIENCE

This document was created by the eRAD RIS Development team and Product Management team for eRAD RIS customers.

NEW FEATURES AND ENHANCEMENTS

GENERAL

12999 – CREATE A CONFIGURABLE DEFAULT VALUES FRAMEWORK

eRAD RIS allows the Service Team to add validation rules to improve data integrity and meet custom business needs that are specific to a customer's individual needs. As an expansion of this capability, eRAD RIS now supports the specification of default values for various fields in RIS, based on a configurable set of criteria.

Key Features

- Almost any field can be selected from Patient, Visit, Order, or Study.
- A field that has a value will not be overwritten by a default value.
- Defaults can be optionally configured so that they apply to a single practice, a particular action undertaken by the user (e.g. StudyStarted), or so they only take effect once a study has reached a certain status in the workflow.
- A default value can be specified as a literal value, e.g. "42" or "routine screening," or it may be a special token value, e.g. \$UserID, that will be replaced at runtime (see Special Default Value Tokens).
- Default values may be associated with one or more additional conditions that all must be met before the default will be applied.

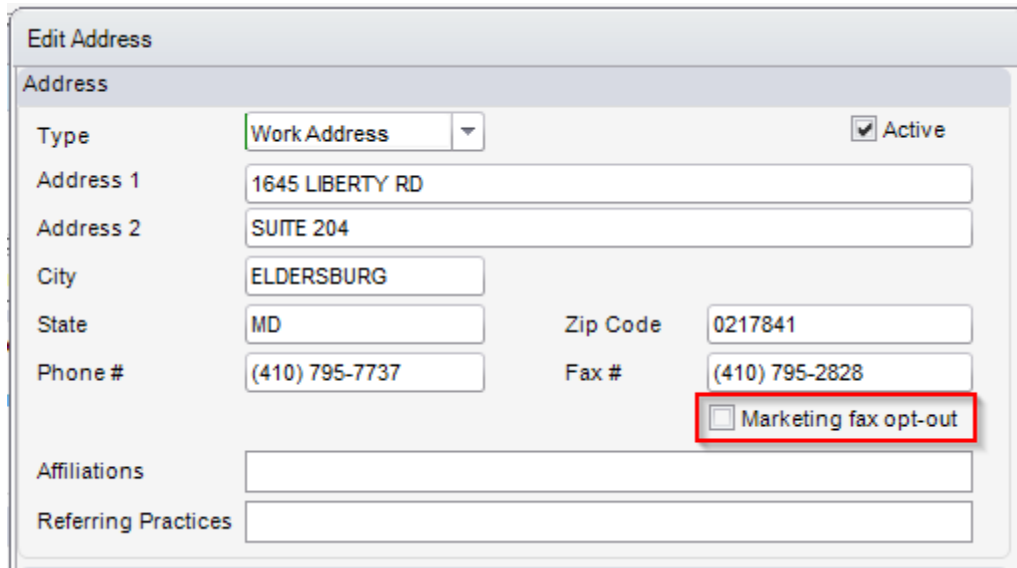
How to enable the Feature:

Please contact the eRAD Support team for assistance.

7532 – ALLOW REFERRING PHYSICIANS TO OPT OUT OF MARKETING FAXES

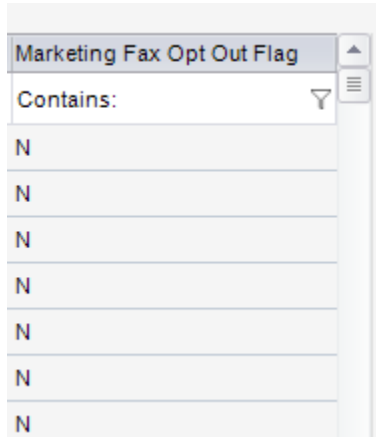
Some customers send mass faxes out to their referral base as a way of marketing new services or promotions. We have added a feature to indicate when a referring physician does not want to receive these faxes.

A "Marketing fax opt-out" checkbox has been added to the Personnel table for each address, so that a referring physician can choose to opt out of marketing faxes for one location, but still receive them for another if desired.



If the referring physician has multiple addresses, checking the opt-out box for one address's fax number will prompt the user: "Do you wish to opt out for all fax numbers associated to this referring doctor?" Answering yes will check the opt-out box for all fax numbers.

The Referring Addresses lookup also now has a new column to allow setting the flag on multiple address rows.



9569 – ADD EMAIL DELIVERY PREFERENCE TO SEARCH SCREEN AND ADDRESS SUMMARY

If a referring physician has a report delivery preference of Email, that information is now displayed in the address section on the internal person Search Results screen. Other delivery preferences will continue to be displayed as well.

Last Name	First Name	Middle Name	Summary	Work Address
Fiddler	John		John Fiddler MD Male Cell: Internal ID: 1150	Report Delivery: Fax Email 123 Practice Ave Desiree, DE 12456 Fax: (902) 548-6351 Phone: (902) 548-7646 Email: test@test.com

In addition, the Email delivery preference will be visible in the address summary grid within the Personnel editor, under the Delivery column.

General
Resource
Account
Notes
Attachments
Preferences
Referring Preferences

First name * John Prefix Birth date 07-16-1969
Last name * Fiddler Suffix MD Gender Male
Middle name Active person

Contact information

Mobile # Notification Phone Number
Email Notification SMS Number
Notification Email Address

Contact	Address	Delivery	Active
Work Address Phone: (902) 548-7646 Fax: (902) 548-6351	123 Practice Ave Desiree, DE 12456	Fax to 9027243316 Email to test@test.com	Y

Edit Add Remove

13090 – CAPTURE PATIENT’S COUNTY ON THE PATIENT DEMOGRAPHICS TAB

In some markets, government regulations require the submission of data which includes the patient’s county. This field has been added to the Patient tab in the address section. Entering the patient’s zip code will automatically populate the patient’s county, unless a particular zip code crosses multiple counties. In those cases, the user will need to manually select the county.

Contact Information	
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text" value="Boca Rio Br"/>
State	<input type="text" value="Florida"/>
County	<input type="text" value="Palm Beach"/>
Zip	<input type="text" value="33434"/>
Country	<input type="text" value="US"/>
Preferred contact method	<input type="checkbox"/>
Preferred delivery method	<input type="checkbox"/>
Marketing messages	<input type="checkbox"/>

The County field will be available by default. If desired, it can be hidden by utilizing a custom access string. It can be set as a required field using a validation rule. Please contact eRAD Support with either request.

RECEPTION

13327 – IMAGINE PAYMENT PORTAL INTEGRATION

Customers using Imagine Billing now have the ability to seamlessly integrate with the Imagine Payment Portal for time of service payments. eRAD RIS will launch the Payment Portal without the need for the receptionist to re-type any patient information, which should reduce data entry errors and ensure we have the correct patient account.

The "Add" payments button will launch the patient's account in the Imagine Payment Portal in a new window. Within the Payment Portal session, the user can pay with multiple methods such as Cash and Credit Card in one transaction. When they submit the payment via Imagine, one receipt will print for all payments. A row for each payment type will be recorded in the RIS payment grid. Using the "right click / void" context menu in RIS, the user can void each part of the transaction by payment type without needing to relaunch the Payment Portal. Users will also be able to reprint receipts via the right click "Print Receipt" context menu option.

Details:

When the user clicks the "Add" payment button for a site that is configured to use the Imagine Payment Portal, the portal is displayed in the following pop-up.

The Pending Balance is pre-populated with the remaining amount to collect value from eRAD RIS, and other key fields, such as email and mailing address, are also pre-populated.

First, the receptionist will be asked to choose the amount the patient is going to pay today. If Other Amount is selected, a payment less than the entire balance can be entered; however, the receptionist will not be allowed to complete the payment process if the amount entered here is not met when splitting the amount across multiple payment types (cash, credit cards, checks, etc.).

1. Payment Amount

How much would you like to pay?

Please select one of the options below.

Entire Balance
\$85.63

Other Amount

Next, the receptionist will select the type of payment. If the patient is splitting the payment amount between multiple payment methods, click the Partial Amount button to enter the amount for the first payment method.

2. Payment Type

What payment method will you be using?

Please select one of the payment options below.

How much do you want to pay?

Payment Amount:

Credit Card and Check payment methods will require additional information.

Check:

What payment method will you be using?

Please select one of the payment options below.

Please enter your bank account.

Check Type:

Routing Number (9 digits):

Account Number :

Account Holder First Name:

Account Holder Last Name:

Check Number:

[Where is my account holder name?](#)

Hovering over the blue question marks on this screen will provide a hint to the user for locating the information on the check.

Credit:

What payment method will you be using?

Please select one of the payment options below.

<input checked="" type="radio"/> Credit \$15.00	<input type="radio"/> Check	<input type="radio"/> Cash
--	-----------------------------	----------------------------

Please enter your credit card credentials.

Credit Card Number :	Name On Card:	
<input type="text"/>	<input type="text"/>	
Expiration Month:	Expiration Year:	CVV:
<input type="text" value="May"/>	<input type="text" value="2016"/>	<input type="text"/>

<input type="button" value="Back"/>	<input type="button" value="Next"/>
-------------------------------------	-------------------------------------

Billing address information will default to the Responsible Party's mailing address but if that address does not exist in RIS, it will default to the patient's address.

1. Payment Amount	\$20.00 <input checked="" type="checkbox"/>
2. Payment Type	
3. Billing Information	

Can you help us verify who is making this payment?

Please enter payor details.

Address:	Address Line 2:	
<input type="text" value="343 Central St"/>	<input type="text"/>	
City:	State:	Zip Code:
<input type="text" value="Summerside"/>	<input type="text" value="Maryland"/>	<input type="text" value="90210"/>


<input type="button" value="Back"/>	<input type="button" value="Next"/>
-------------------------------------	-------------------------------------

After completing the required information for the payment method, you will be asked to Add Another Payment if the total Payment Amount entered in step 1 has not been reached. (Remember, the Payment Amount can be less than the Pending Balance, but the payments must add up to this manually selected amount.)

1. Payment Amount

\$50.00

2. Payment Type

\$25.00  Cash

Your payment information is complete!

Review your selections and click the "Add Another Payment" button to add additional payments.


Add Another Payment

When the Payment Amount has been reached (i.e. the Payment Amount and Payment Total match), the receptionist will be presented with a button labeled "Finished!" They must click this button to finalize the payment.

1. Payment Amount

\$50.00

2. Payment Type

\$25.00  Credit *5530

3. Billing Information

Your payment information is complete!

Review your selections and click the "Finished!" button to complete this transaction.

Finished!

Account Summary:

Pending Balance: \$85.63

Expected Payment: \$88.63

Date of Birth: 10/29/1975

Date of Service: 3/8/2016

Service Description:

03/07/16 - 74160 COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)

Notes:

Carrier: demo

Receipt:

Email To:

Payment Summary:

Amount	Type	Status	
\$25.00	Cash	PENDING	X REMOVE + EDIT
\$25.00	Credit *5530	PENDING	X REMOVE + EDIT
Payment Total: \$50.00			

When the user clicks "Finished!" the print receipt dialog is displayed. At this moment, the transaction has been saved in both the Imagine and RIS databases.

In the following workflow, two payments were collected in one Payment Portal session. There was a cash payment of \$20 and the remaining balance was paid with the credit card. When the "Finished!" button is clicked, the "Print

Payment Receipt” dialog is presented and the user has the option to Preview or Print the RIS receipt, which details both amounts and includes the billing codes, insurance co-pay, and co-insurance details.

Your payment information is complete!

Review your selections and click the "Finished!" button to complete this transaction.

Finished!

Receipt:

Email To: kevin.molyneaux@radnet.com

Payment Summary:

Amount	Type	Status	
\$20.00	Cash	PENDING	X REMOVE + EDIT
\$112.63	Credit *7288	PENDING	X REMOVE + EDIT
Payment Total: \$132.63			

Print Payment Receipt

Form Name: Payment Receipt

Printer: EPSON WF-4630 Series

Preview OK Cancel

Payments

Posted By	Amount	Method	Date
kevin	\$20.00	Cash	03-11-2016
kevin	\$112.63	CreditCard	03-11-2016
Total		\$132.63	

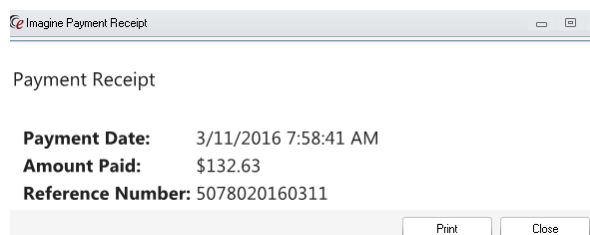
Add View

After the payment is made, staff can void portions of the payment. For example in the below image, the user is voiding only the cash portion of the payment (\$20).

Posted By	Amount	Method	Date
kevin	\$20.00	Cash	03-11-2016
kevin	\$112.63	CreditCard	03-11-2016
kevin	(\$20.00)	Void	03-11-2016
Total		\$112.63	

Add View

The Imagine receipt is stored as a PDF in the RIS system. Clicking on the “Imagine Payment Receipt” context menu item (as shown above) displays the PDF and gives the user the option to reprint. This receipt is similar to the receipt emailed to the customer’s “Email To” address.



Imagine Payment Receipt

Payment Receipt

Payment Date: 3/11/2016 7:58:41 AM
Amount Paid: \$132.63
Reference Number: 5078020160311

Print Close

There is also a configuration option to display the Imagine Payment Receipt as part of the Payment Workflow. This workflow configuration setting might be helpful in the future when the Imagine Payment Portal supports payment plans. At that time, the receipt will likely contain details on the payment plan agreement.

Note regarding Amount to Collect limits:

The same configuration options exist for setting a maximum payment amount and a maximum payment above the amount to collect value as previously existed.

Lookup Tables - SystemConfig *			
System Config Code	Value	Default	Description
Contains: <input type="text" value="maxp"/>	Contains: ▼	Contains: ▼	Contains: ▼
MaxPaymentAboveAmountToCollect	99	999	(value = int) Max \$ above the amount to collect that will be allowed.
MaxPaymentAmount	4000	6000	(value = int) Max \$ amount that can be paid in a single payment.

Just as before, users will be prevented from entering a collection amount greater than:

MaxPaymentAboveAmountToCollect + AmountToCollect

When the amount to collect is less than the MaxPaymentAmount, then a user will be prevented from entering an amount greater than MaxPaymentAmount.

How to enable the Feature:

Please contact the eRAD Support team for assistance.

Important Note: This feature requires client to have IE browser version 9 or newer.

INSURANCE ELIGIBILITY & VERIFICATION

13110 – UPDATE THE PAYERS.JSON URL TO RESUME ABILITY TO ADD NEW PAYERS

For organizations using the Eligibility feature, eRAD RIS previously gave administrators the ability to pick Eligibility Payer IDs from a list generated from <https://www.eligibleapi.com/resources/payers/eligibility.xml> once per session. If you believe Eligible API has added newer entries, you need to restart the RIS application.

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Unfortunately, the list at the previous URL has been deprecated. We now retrieve the payer list from: https://account.eligible.com/rest#latest_payers.

13481 – ABILITY TO CONFIGURE ELIGIBILITY RULES TO IGNORE THE AMOUNT TO COLLECT FOR AN EXAM WHEN CERTAIN INSURANCE CARRIERS ARE INCLUDED

By default, we always collect the co-pay amount when multiple insurance carriers are active for an order. In some scenarios, money should not be collected if a particular insurance is selected as a secondary insurance. For example, if the patient's secondary insurance is Medicaid, the amount to collect should be 0.

A column titled “*Collect with Multiple Carriers Flag*” has been added to the Carrier lookup table.

Carrier Code	Description	Collect With Multiple Carriers Flag
Contains: ▼	Contains: medicaid	▼ Contains: ▼
Click here to add a new row		
1500	MEDICAID	N

If set to N, the Amount to Collect will be set to 0 if the insurance is active for an order, regardless of the insurance's priority (primary, secondary, tertiary, etc.).

TECHNOLOGIST

12911 – CREATE A CONFIGURATION OPTION TO DEFAULT THE LOGGED-IN USER AS THE PERFORMING TECHNOLOGIST

The ability to default the performing technologist to the user who is currently logged into RIS has been requested for some time. With the addition of the Default Values framework, described later in this document, we now have the ability to configure this option when desired. If the logged in user is a Technologist and the Performing Technologist field is blank, the logged in user will be defaulted into the field and can be changed if needed.

How to enable the Feature:

Please contact the eRAD Support team for assistance.

13157 – SUPPORT TECH ONLY WORKFLOW BASED ON PROCEDURE CODE IN ADDITION TO PATIENT CLASS

There are scenarios where an eRAD RIS customer is required to only perform a diagnostic procedure and not produce report of the findings. This is referred to as Tech Only workflow. Currently, this is determined by the Class of the patient on the visit. If the class is set to “Tech Only” and the procedure is completed by the

technologist, the study is not forwarded to the radiologist for dictation and the status changes to “Exam Done [Tech Only].”

We have expanded the Tech Only workflow to be based on Patient Class **or** Procedure Code.

A new field has been added to the Procedure Code lookup called *Tech Only Flag* that defaults to ‘N.’

Procedure Code	Description	Tech Only Flag	Body Part Code	Laterality Code	Body Part Required Flag
Contains: ▼	Contains: ▼	Contains: ▼	Contains: ▼	Contains: ▼	Contains: ▼
Click here to add a new row					
72131	CT Lumbar Spine Wo	Y	T-11503 (Lumbar spine)		Y
CT31	CT Ankle Arthrogram	Y	T-15750 (Ankle joint)		Y

If the Tech Only Flag for a procedure code is set to ‘Y,’ the status will become Exam Done [Tech Only] instead of Exam Done when the procedure is marked as complete.

Upon completion of the exam, the system will check to determine if the patient class is set to ‘Tech Only’ **OR** if the procedure code for the performed study has the Tech Only Flag set to ‘Y.’ In either case, the status will advance to Exam Done [Tech Only] and the exam will not fall to the Pending Dictation WL.

Perform Exam: CARTER, Jeff #4

Include	Flags	Status	Procedures	Scheduled Date	Referring	Sedation	Room	Accession #	Modality Type	STAT Read	STAT
<input checked="" type="checkbox"/>		Exam Done [Tech Only]	CT Lumbar Spine Wo [72131] - Lumbar spine	02-18-2016 1:00 PM	Refer, Self		CT1EL	5905	CT		

Patient MU Order Documentation Exam Details Billing Codes Attachments Notes / Exam Times Image Request (0)

Reason for exam

test tech only

Referring Details

Referring * Refer, Self

Visited at

Img notes

CC Physicians

Visit location for CC*

☐ Copy to patient

Preferred Location

Practice * (ADV) Advanced Radiology

Site (EL) Eldersburg

Flags

☐ Direct referral

☐ STAT exam

☐ STAT read

☐ STAT PreCert

☐ Transportation req'd:

Special accommodations * No

Class Unknown

Sedation

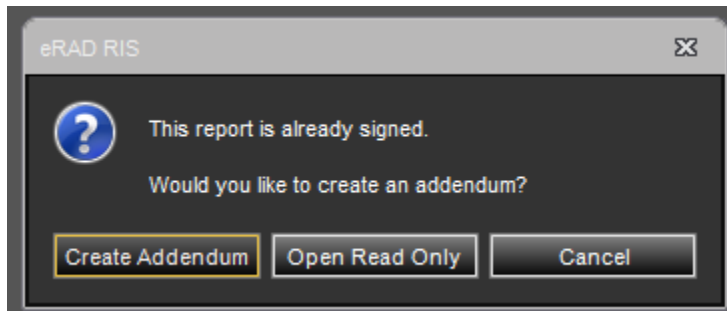
RADIOLOGIST

13069 – ABILITY TO OPEN SIGNED REPORTS IN A RADIOLOGIST LAYOUT AS READ-ONLY

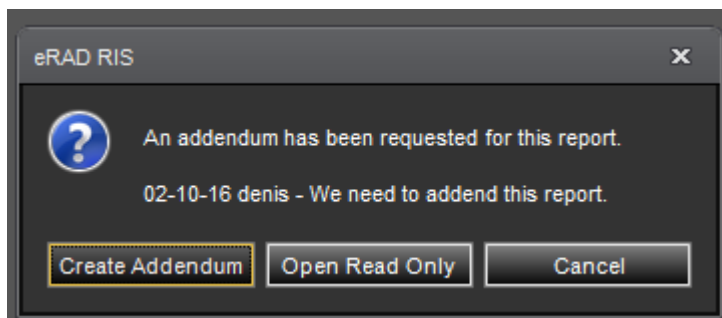
Radiologists sometimes need to look at a prior exam outside of the normal dictation workflow, such as when a referring physician calls to discuss a case. There is a desire to be able to open the case in the Radiologist Layout format, so that all of the data is at their fingertips in the panels to which they are accustomed.

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Now when the radiologist opens a signed report, we have added an option to the Addendum dialog box to open in read only mode.



The Open Read Only option is also available when an addendum has already been requested.



When the screen opens in read only mode, it operates in the same fashion as our existing read only mode that is used when the study is locked or dictated by someone else.

Outstanding issue: When reading in PowerScribe 360, the “Create Addendum” prompt is suppressed in eRAD RIS because PowerScribe issues its own prompt. Therefore, the option to Open Read Only would only be available for PowerScribe users when an addendum has been requested, which is shown in eRAD RIS due to the additional notes about the addendum request. This will be addressed in a future release.

PACS INTEGRATIONS

13351 – RIS/PACS SYNC ENHANCEMENTS

In order to improve the process of keeping RIS and PACS in sync, there are times when RIS will need to wait for PACS and block the user from performing certain actions until the PACS has begun the process of opening the current patient’s images. This is accomplished by displaying a message dialog, and disabling the main page on the RIS application under certain circumstances. As a result, RIS will not move faster than PACS creating a situation where the radiologist may be looking at a previous patient’s images while reporting on the current patient in RIS.

There are 3 new dialog boxes which provide feedback and guide/throttle the workflow in order to keep things synchronized. Efforts have been made to decrease the amount of time a radiologist would see or need to interact with the messages, while at the same time reducing risk. For example, as soon as the current patient's images have *started* to load in PACS, we allow the user to move forward in RIS, instead of waiting until the images are completely loaded.

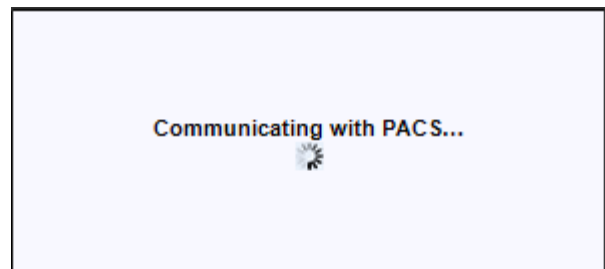
Dialog boxes used in RIS PACS Synchronization

Communicating with PACS

This dialog will show when PACS is busy on another exam and RIS has moved on to a new one. If PACS catches up before RIS is finished loading the reporting screen, then this dialog will not be displayed. If PACS is still busy closing or opening a previous exam, the message will be displayed to the radiologist to indicate that the process of updating the PACS images to match the current RIS exam is still underway. When the message does display, it will close on its own as soon as PACS has progressed to opening the current exam, even if the images are still loading.

Examples:

- RIS has a study open, and is waiting for PACS to close the previous study and start opening the current one.
- RIS opened a study that should not show images, it will wait for the previous study to close in PACS.

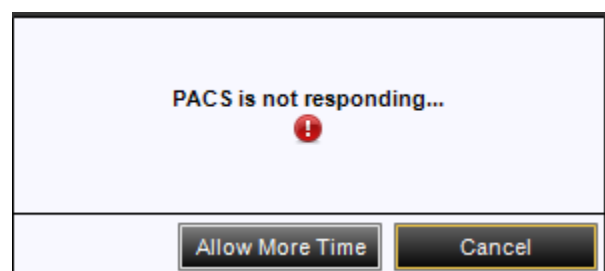


PACS is not responding

This dialog will be shown after the "Communicating with PACS" dialog has been displayed for 45 seconds and PACS has not yet begun the process of opening the current exam. If it takes PACS more than 45 seconds to finish working on previous exams and start opening the current one, then this will be shown and user should select "Allow more time" if they believe PACS simply is taking longer to finish. If the user believes PACS is no longer responding, they should select "Cancel" and take appropriate actions to rectify the problem.

Examples:

- PACS took 50 seconds to finish opening the previous study, and another 10 seconds to close it. User should "Allow more time."
- PACS is having problems connecting to the server. User should "Cancel."



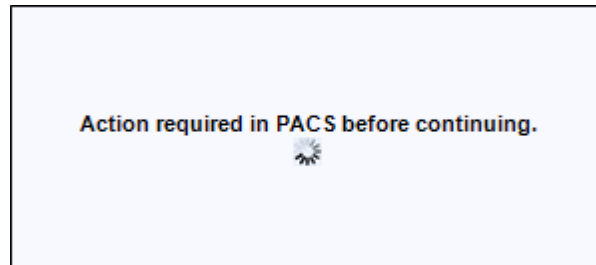
Action required in PACS before continuing

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This dialog is to prevent RIS from issuing more requests to PACS while PACS is waiting for user input on one of its own dialogs. When PACS is waiting for the user to “Break a lock or Open read-only,” for example, and RIS attempts to issue a new open request, this dialog will be shown until the action has been taken in PACS. Once that happens this dialog will close, and the new open request will be sent over to PACS.

Examples:

- Radiologist skips to the next exam in RIS, while PACS has an open dialog box regarding breaking a lock in PACS.
- PACS opens an exam and displays an error prompt, while radiologist skips to the next exam in RIS.



Special Note for GE PACS-IW: When multiple PACS windows are open, it is possible that the user might be left with the wrong images up. The described synchronization will only work properly if the user only opens one set of images at a time. This is no different than it would have been before. If the radiologist opens a case that cannot or should not display images (signing workflow for example), PACS will close its last set of images, but if there were more open, they will remain open and will be visible.

12915 – GE UNIVERSAL VIEWER – INTEGRATE BASED ON ACCESSION NUMBER INSTEAD OF STUDY INSTANCE UID

A customer requested that integration between eRAD RIS and GE Universal Viewer occur by passing the Accession number instead of the Study Instance UID. This is now possible.

DIGITAL FORMS

12991 – LOAD SELECTED ANSWERS FROM PREVIOUS DIGITAL FORM

In cases where a patient has more than one exam that requires a specific Digital Form, we may not want to prompt the user to re-enter all of the answers from scratch. In the future, we may allow Digital Forms to be linked to the patient or order level, but for the current release, we have created a feature to optionally load answers from *recent* versions of the same form and use those answers as defaults.

The time frame for “recent forms” is defined by a new System Configuration setting labeled *‘DigitalFormsNumberOfDaysToPullForward’* with a default of 2 days. This can be adjusted as desired.

A new attribute was added to Digital Forms to enable this functionality on a form by form basis. If the attribute is *not* turned on, there should be no change in the behavior of Digital Forms. If the attribute is on, we will load the most recent answers for the same patient and form, provided any were completed within the configured time frame.

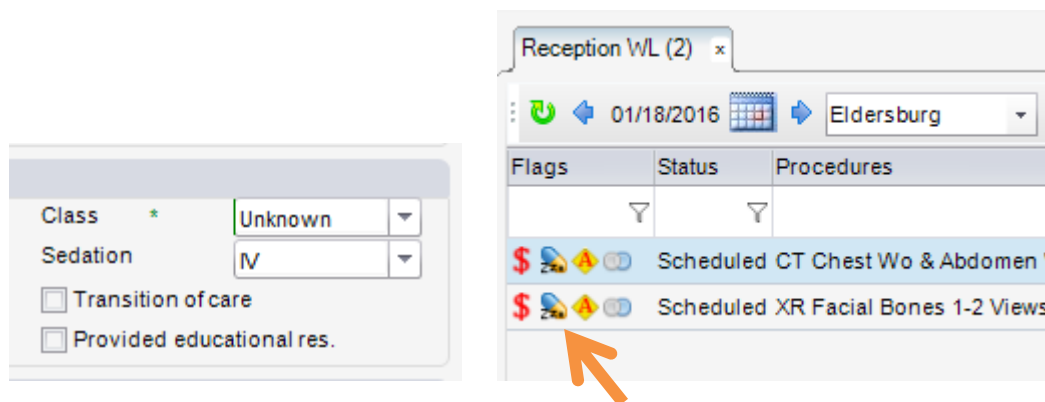
This feature most likely should not be used for Report Assistant Digital Forms that will be populated by the Radiologist as part of the report creation process.

Loading previous answers does not currently work during Scheduling or Walk In workflow. It requires a study that already exists in the database.

WORK LISTS

7812 – ADD A SEDATION REQUIRED FLAG TO WORK LISTS

When Sedation is indicated via the Sedation drop-down on the Order tab, a new flag will appear on the work lists.



The flag does not change depending on the type of sedation, but is intended to draw the user's attention to the fact that some type of sedation is required. It is possible to filter the work list by this flag, if it is desirable to create a Custom View for Sedation patients.

If the user then resets the Sedation drop-down back to null (no option chosen), the flag will be removed.

12675 – ADD REFERRING AND PATIENT TYPE (CLASS) COLUMNS TO BILLING EXCEPTION AND BILLING CONFIRMATION WORK LISTS

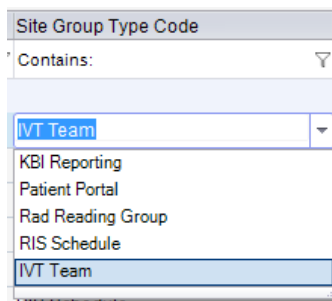
Two new columns were made available on the Billing Exceptions and Billing Confirmation work lists: Referring and Patient Type (Class).

13613 – LIMIT THE SCOPE OF THE IVT WORK LIST TO A SET OF SITES

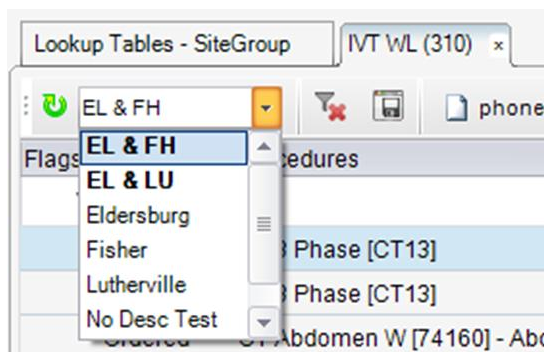
In order to improve IVT work list performance, the IVT work list was constrained to reduce the use of practice-wide work list filters. Several work lists in RIS, such as the Reception WL, have a drop-down list that allows the user to specify a single site; this functionality was enhanced for IVT to allow the user to specify a collection of sites through the use of Site Groups.

Site Groups are a collection of sites that may or may not exist within a single practice. A site group can be configured with a site group type. There is now an *IVT Team* site group type.

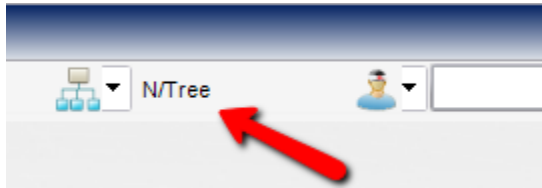
Site Group Code	Description	Display Order	Practice Code	Site Group Type Code	
Contains:	Contains:	Equals:	Contains:	Contains:	E
Click here to add a new row					
▶ CT	EL & FH	1		IVT Team	0
▶ CT2	EL & LU	1		IVT Team	0



Any site group with a type of IVT Team is eligible to appear in the top left portion of the IVT work list tab. Site groups will be shown in bold above a list of individual sites for the practice currently selected in the Organization Picker.



The list of site groups is filtered to show only those relevant to the current user for their current “Org Picker” selection in the top right portion of RIS.



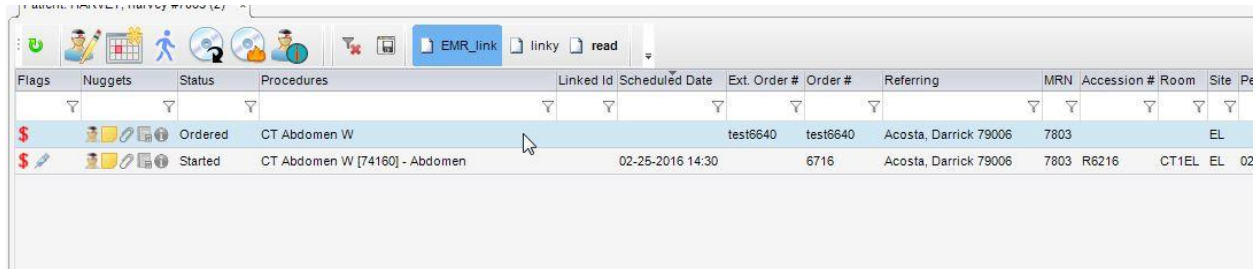
Only the IVT Team site groups that contain the currently selected site or at least one site from within the current practice will be included. There is also an additional filter to ensure that the user is not presented with site groups that contain sites that belong to practices to which the user has not been granted access in the Personnel Editor.

The list of sites and site groups will change as the user changes their currently selected filter in the Org Picker. The user's selected site or site group should be persisted and reloaded from one login session to the next. At this time, the Site Group work list functionality is only available for the IVT work list.

EMR

8158 – EMR ORDER REASSOCIATION

Sometimes exams for EMRs are scheduled without using the electronic order, whether this is accidental or the electronic order was received after the patient called to schedule or register for the exam.

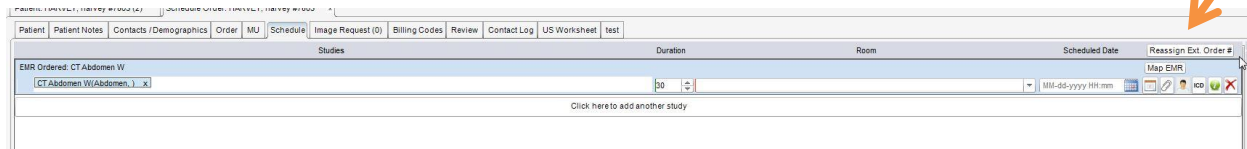


Flags	Nuggets	Status	Procedures	Linked Id	Scheduled Date	Ext. Order #	Order #	Referring	MRN	Accession #	Room	Site	Pe
\$	🔍	Ordered	CT Abdomen W			test6640	test6640	Acosta, Darrick 79006	7803			EL	
\$	🔍	Started	CT Abdomen W [74160] - Abdomen		02-25-2016 14:30	6716		Acosta, Darrick 79006	7803	R6216	CT1EL	EL	02

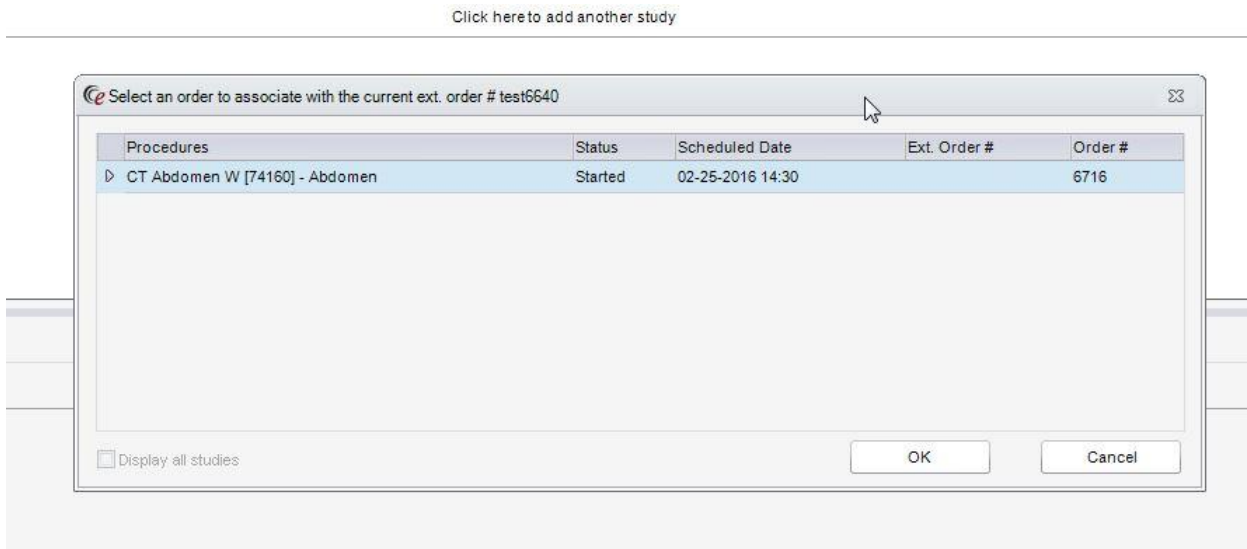
Until now, the process for associating the EMR's external order number and other data from the EMR order after the fact has been laborious and inefficient. eRAD RIS now has the ability to reassign the external order #, issuer, and associated scanned documents to an internal order, without overriding any of the data fields that have already been filled in for the internal order. The external order will be cancelled after it has been copied over to the internal order.

Where the RIS previously displayed the "Import" button on the scheduling screen for EMR orders, we will now display the "Reassign Ext. Order" button.

27 May 2016

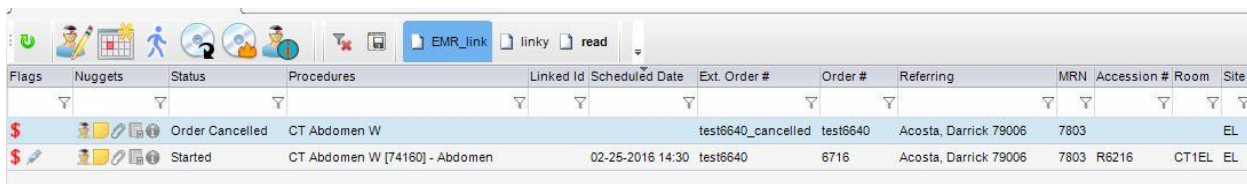


This will bring up the list of orders to choose from as it did before; however it will not have a Next button to load the Import Studies mapping screen, but instead will simply have an OK submission button.



Upon selecting an order and submitting, the selected order will assume the current open EMR order's external order #, issuer and scanned documents.

The original EMR order's placer_order_number will be left intact but appended with "_cancelled." This order is then cancelled.



Flags	Nuggets	Status	Procedures	Linked Id	Scheduled Date	Ext. Order #	Order #	Referring	MRN	Accession #	Room	Site
\$		Order Cancelled	CT Abdomen W			test6640_cancelled	test6640	Acosta, Darrick 79006	7803			EL
\$		Started	CT Abdomen W [74160] - Abdomen		02-25-2016 14:30	test6640	6716	Acosta, Darrick 79006	7803	R6216	CT1EL	EL

The report for the exam will now flow to the EMR upon signature as usual.

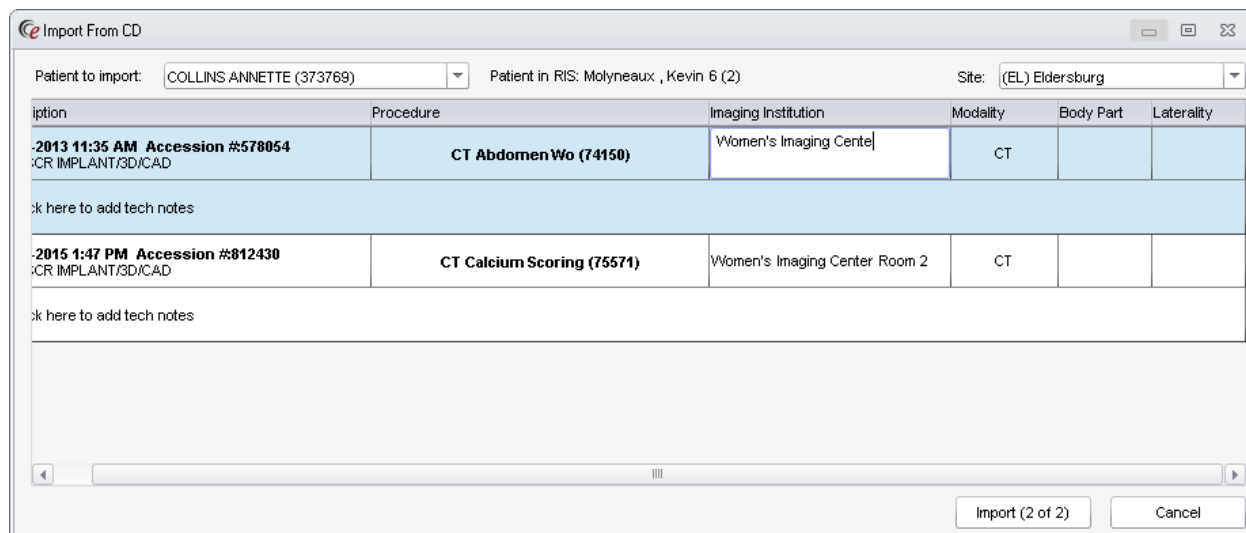
EMR and non-EMR studies can still be moved to different orders with the Patient Folder right-click menu item Import Studies. This functionality has been left intact and allows for moving exams between orders as needed.

CD IMPORT

9511 – OPTION TO RETAIN THE INSTITUTION NAME FROM THE CD OR SUBSTITUTE AN ALTERNATIVE INSTITUTION NAME FOR CD IMPORT

When importing CDs via eRAD RIS, clients have requested the ability to import the Institution Name from the DICOM data on the CD or have the option to coerce their own Institution Name. This allows for more flexibility in how the exams and images are labeled, and allows the radiologist to easily identify where a prior exam was performed when creating the report.

We now take the DICOM field *institution_name* from the CD and store it in the database field *c_study.cd_import_institution_name*. When importing a CD, the institution name will show for each study, as there might be a different institution name per study. In eRAD RIS, the field will always be identified as Imaging Institution as shown in the following:



Institution	Procedure	Imaging Institution	Modality	Body Part	Laterality
2013 11:35 AM Accession #578054 :CR IMPLANT/3D/CAD	CT Abdomen Wo (74150)	Women's Imaging Center	CT		
:k here to add tech notes					
2015 1:47 PM Accession #812430 :CR IMPLANT/3D/CAD	CT Calcium Scoring (75571)	Women's Imaging Center Room 2	CT		
:k here to add tech notes					

The user can click on the Imaging Institution and edit the contents as shown in the above. Users can also modify the Imaging Institution on the “Notes/ Exam Times” tab after import, by opening in View/Edit mode. The Imaging Institution will only display if the type of exam is a CD Import, which is any study “scheduled” by the user “CDImport.” The CD Import is a user account (typically inactive), which must be created to perform a CD Import.

Patient: MOLYNEAUX , Kevin 6 # (296) View/Edit: MOLYNEAUX , Kevin 6 #2

Patient | Contacts / Demographics | MU | Order | Documentation | Exam Details | Billing Codes | Attachments | Notes / Exam Times | Contact Log | C

☐ Place billing on hold

Billing Notes

01-22-16 kevin -

Exam Details

Scheduled time	08-04-2015	Scheduled by	CDImport, CDImport
Arrival time	MM-dd-yyyy h:mm am/pm	Imaging institution	Women's Imaging Center
Arrival early/late	<Arrived On Time>	Primary tech	Tech, Outside Read
Start time	08-04-2015	Cancel reason	N/A

Radiologists can see the Imaging Institution in the Summary and Exam Details panels. The Imaging Institution field will only display if the exam was imported via the eRAD RIS CD Import tool.

Patient: MOLYNEAUX , Kevin 6 # (296) Dictating: MOLYNEAUX , Kevin 6 #2

Molyneaux, Kevin 6 | 09-01-1977 (38y 4m) | Female | #2 | CT Abdomen W | 08-04-2015

Exam Details

Tech Notes

01-22-16 kevin - test

Order Notes

Signs and Symptoms

Exam Information

Location	MD / ADV / OUT
Accession #	11361 [Ext: 812430]
Procedure	CT Abdomen W [74160]
EMR order	
Imaging Institution	Women's Imaging Center
Body part	Abdomen
Laterality	
Primary tech	Tech, Outside Read
Assisting tech(s)	

M*Modal Interactive Report

Play Speed 1.0 Send to

EXAM

TESTING

History

TESTING

Comparison

TESTING

Summary

Initial Report

MRN	2	Loc: MD / ADV / OUT
Patient:	Molyneaux , Kevin 6 patient test 38y...	
DOB:	09-01-1977	
Accession #:	11361 [Ext: 812430]	
Procedure:	CT Abdomen W [74160]	
Performed:	08-04-2015 1:47 PM	
Imaging Institution:	Women's Imaging Center	
Super. Rad:	Harding, Clifton	
Dictated:		
Tech Notes:	Tech, Outside Read	

INTERFACING

13228 – RECEIVE AND UPDATE BILLING CODES VIA INTERFACE

An enhancement was requested to allow a customer interface to be able to send and update billing codes and units.

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These requirements were also requested:

- If update was sent to RIS from the third party system, RIS should not add a billing code to a study (accession #) that was cancelled in RIS.
- If update was sent to RIS from the third party system, the RIS should not add a billing code that is already exists in the study (accession #).

To meet these needs, the external interface service was enhanced to receive and process c_study_item_certification updates.

The message sent to the service can define if updates should or should not be applied to Cancelled studies.

The message can also specify whether the billing codes it contains should replace what is currently in RIS and override the default logic applied based on the procedure code to billing code rules. Any billing codes that should have been added based on the configuration will be added as inactive billing codes.

The schema for the External Interface Service has been updated to include the definition of these two attributes.

The logic that adds missing billing codes to studies based on the procedure code configuration was also updated to not take effect for studies in Cancelled, Discontinued, or Void statuses.

If a message is sent with a c_study_item_certification node, the system will add or update the data provided.

Two new attributes can be applied to the Study node to provide some logic to control the updates.

- update_sic_on_cancelled_study - (Y or N) if attribute is present and set to N, the system will not update the c_study_item_certification data if the studies status is cancelled. Otherwise, updates will happen as normal.
- override_sic - (Y or N) if attribute is present and set to Y, the system will apply the insert/update of the c_study_item_certification data provided in the message and will not allow the automatic addition of the c_study_item_certification data based on procedure code configuration. It will also mark any currently active billing codes inactive if they are not contained in the message.

11989 – CONFIGURABLE XML FILE DROP

eRAD RIS now has the ability to configure XML files and allow users to write them out when opening or focusing a reporting tab. This functionality was needed for Merge PACS integration, but may be utilized for other possible third party product integrations.

Administration

The XML files are stored in a new lookup table, "*XML Integration*," that allows administrators to add, modify or delete entries. Access to the lookup is controlled by the new access string: *Config.LookupEditor.XMLIntegration*.

Please contact the eRAD Support team for assistance with XML file drops.

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Lookup Tables - XMLIntegration

XML Integration Code	Description	Active	Default Filename with path	Display Order	Last Updated	Last Updated By User Id
MergePACS	Merge PACS	Y	C:\Dictation\merge.xml		1/3/2016 8:36:19 AM -03:00	hardingc

```
<?xml version="1.0"?>
<EpicStudyData>
  <Event>StudyOpen</Event>
  <AccessionNumbers>
    <AccessionNumber><mapped_field>Study_c_study accession_number</mapped_field></AccessionNumber>
  </AccessionNumbers>
</EpicStudyData>
```

User preferences

Configuration of which XML file(s) should be written when focusing or opening a reporting tab is done in the user preference screen. This XML integration grid contains a list of files to be written when opening a study. Each file references a lookup value and a path to which it will write. It will assume the default path but allows overriding. The same XML file can be written multiple times.

User Preferences

General | Appearance | **Integration** | Reporting | Radiologist | Input Device | Rad

Inbound Reporting

☐ File listener ☐ TCP listener

Outbound Reporting

☒ Write eRAD RIS study XML file when opening a study
C:\Dictation\Exam.xml

☒ Write PowerScribe 360 XML file when opening a study
C:\Nuance\study.xml

Outbound XML Configuration

File	Filename and path
Click here to add a new row	
MergePACS	C:\Dictation\merge.xml

LOCALIZATION

13409 – SUPPORT SPANISH LANGUAGE IN ERAD RIS

Resource files have been added for Spanish language localization. Note that configuration screens have not been localized.

PLATFORM

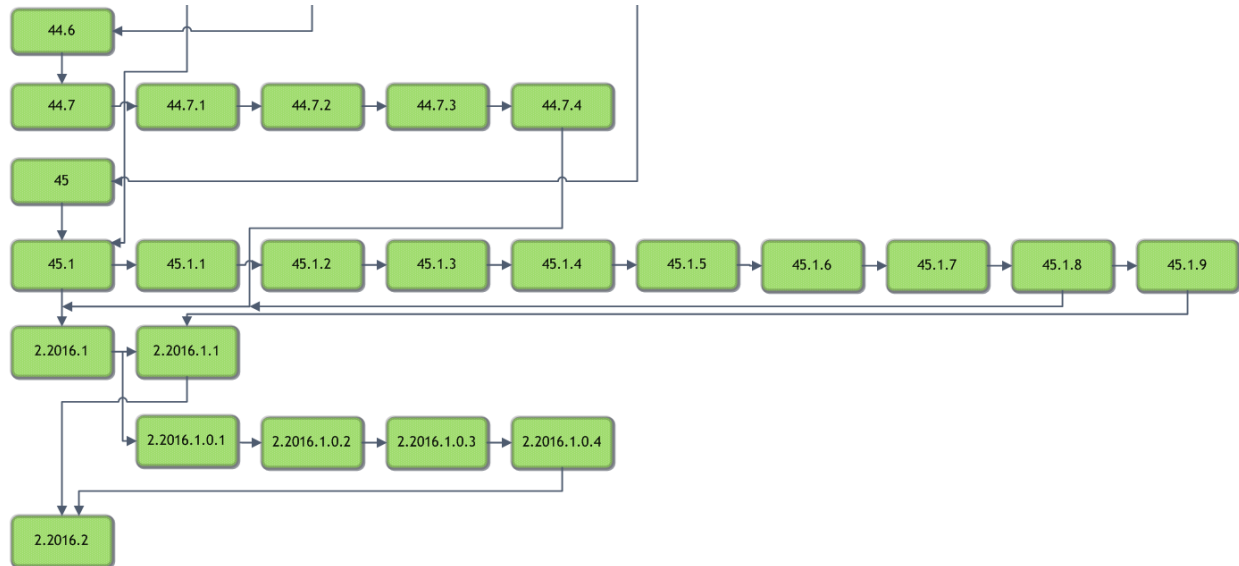
12697 – MINIMUM SUPPORTED .NET FRAMEWORK VERSION IS NOW 4.5.2

As previously communicated, Microsoft has ended support for .NET framework versions below 4.5.2 and we are raising the minimum requirement for eRAD RIS in response. A .NET folder with the installer for 4.5.2 will be provided with the upgrade.

13183 – MICROSOFT SQL SERVER 2008 R2 SP3 HAS BEEN VALIDATED

eRAD RIS has been validated with Microsoft SQL Server 2008 R2 SP3.

CODE STREAM



RIS RELEASE VERSION NUMBERS

Build	Patch	UI Version	Core Version	WS Version	DB Version	Notes
43.1	-	2.43.1.0.25850(3GB)	2.43.0.0.23171	2.43.1.0.25850	2.43.1.0.25771	Gui.zip Web Service and DB Updates
43.2	-	2.43.2.0.26864(3GB)	2.43.0.0.23171	2.43.2.0.26864	2.43.1.0.25771	Gui.zip and Web Service
44	-	2.44.0.0.26570(3GB)	2.44.0.0.26405	2.44.0.0.26570	2.44.0.0.26475	Full Version Release
44.1	-	2.44.0.0.26984(3GB)	2.44.0.0.26405	2.44.0.0.26984	2.44.0.0.26906	Gui.zip, Web Service, and DB
44.1	1	2.44.1.1.27093(3GB)	2.44.0.0.26405	2.44.1.0.26984	2.44.1.0.26906	Gui.zip
44.2		2.44.2.0.27410(3GB)	2.44.0.0.26405	2.44.2.0.27410	2.44.2.0.27365	Gui.zip, Web Service, and DB
44.2	1	2.44.2.1.27959(3GB)	2.44.0.0.26405	2.44.2.1.27959	2.44.2.1.27909	Gui.zip, Web Service, and DB
44.2	2	2.44.2.1.27959(3GB)	2.44.0.0.26405	2.44.2.2.28094	2.44.2.1.27909	Web Service
44.3	-	2.44.3.0.28292	2.44.0.0.26405	2.44.3.0.28277	2.44.3.0.28138	Gui.zip, Web Service, and DB
44.3	1	2.44.3.1.28535(3GB)	2.44.0.0.26405	2.44.3.1.28535	2.44.3.0.28138	Gui.zip and Web Service
44.4	-	2.44.4.0.28762(3GB)	2.44.0.0.26405	2.44.4.0.28762	2.44.4.0.28676	Gui.zip, Web Server, DB, SSRS Deployment
44.4	1	2.44.4.1.28953(3GB)	2.44.0.0.26405	2.44.4.1.28953	2.44.4.0.28676	Gui.zip and Web Service
44.4	2	2.44.4.2.29327(3GB)	2.44.0.0.26405	2.44.4.2.29327	2.44.4.0.28676	Gui.zip and Web Service
44.4	3	2.44.4.2.29722(3GB)	2.44.0.0.26405	2.44.4.2.29327	2.44.4.0.28676	Gui.zip and Web Service

44.5	-	2.44.5.0.30022(3GB)	2.44.0.0.26405	2.44.5.0.30022	2.44.5.0.29976	Gui.zip, Web Server, DB
44.5	1	2.44.5.1.30451(3GB)	2.44.0.0.26405	2.44.5.1.30451	2.44.5.1.30449	Gui.zip, Web Server, DB
44.5	2	2.44.5.2.30705(3GB)	2.44.0.0.26405	2.44.5.1.30705	2.44.5.1.30554	Gui.zip, Web Server, DB
45	-	2.45.0.0.29559(3GB)	2.45.0.0.26107	2.45.0.0.29559	2.45.0.0.29558	Full Version Release
45.1	-	2.45.1.0.30774(3GB)	2.45.0.0.26107	2.45.1.0.30774	2.45.1.0.30738	Gui.zip, Web Service, DB, SQLReporting, Questionnaire, Citrix support
45.1	1	2.45.1.1.31175(3GB)	2.45.0.0.26107	2.45.1.1.31175	2.45.1.1.31174	Gui.zip, Web Service, DB, SQLReporting, Questionnaire
45.1	2	2.45.1.1.31175(3GB)	2.45.0.0.26107	2.45.1.2.31378	2.45.1.1.31174	Web Service and Citrix Bridge
45.1	3	2.45.1.3.31452(3GB)	2.45.0.0.26107	2.45.1.3.31452	2.45.1.3.31369	GUI.zip, Web Service, DB, Questionnaire and Citrix Bridge
45.1	4	2.45.1.4.31621(3GB)	2.45.0.0.26107	2.45.1.4.31621	2.45.1.4.31599	GUI.zip, Web Service, DB, Questionnaire and Citrix Bridge
45.1	5	2.45.1.5.31773(3GB)	2.45.0.0.26107	2.45.1.5.31773	2.45.1.5.31771	GUI.zip, Web Service, DB, Questionnaire
45.1	6	2.45.1.6.32070(3GB)	2.45.0.0.26107	2.45.1.6.32070	2.45.1.6.31936	GUI.zip, Web Service, DB, Questionnaire, Citrix Bridge
45.1	7	2.45.1.6.32070(3GB)	2.45.0.0.26107	2.45.1.6.32070	2.45.1.6.31936	Web Service for Wedge only. Version number of Wedge is 45.1.6.32614
45.1	8	2.45.1.8.33254(3GB)	2.45.0.0.26107	2.45.1.6.32070	2.45.1.6.31936	GUI.zip
2016.1	-	2.16.1.0.33419 (3GB)	2.16.1.0.33079	2.16.1.0.33419	2.16.1.0.33416	GUI.zip, Web Service, DB, Management Reports, Questionnaire and Citrix Bridge
2016.2	-	2.16.2.0 (3GB)	2.16.2.0	2.16.2.0	2.16.2.0.00172540	

NEW SETTINGS

NEW ACCESS STRINGS

Setting	Default	Purpose
Config.LookupEditor.XMLIntegration	None	Access to the XML Integration lookup

NEW SYSTEM CONFIGURATION SETTINGS

Setting	Default	Purpose
DigitalFormsNumberOfDaysToPullForward	2	Number of days considered “recent” for carrying forward digital form answers on configured forms
DisplayImaginePaymentPortalReceiptInWorkflow	FALSE	To determine whether Imagine version of Payment receipt will print if using Imagine Payment Portal
ImaginePaymentPortalAPIURL		Provided by Imagine Software if applicable
ImaginePaymentPortalClientID		Provided by Imagine Software if applicable
ImaginePaymentPortalDataset		Provided by Imagine Software if applicable
ImaginePaymentPortalPassword		Provided by Imagine Software if applicable
ImaginePaymentPortalURL		Provided by Imagine Software if applicable
RISSystemID		For identifying RIS System for Imagine Payment Portal

RESOLVED DEFECTS

RESOLVED DEFECTS FOR 2.2016.2

Bugs and support issues resolved in build 2.2016.2. The extract is taken from Redmine bug tracking system and only displays defects resolved in 2.2016.2.

Bug #	Category	Subject
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12993	Admin-Monitoring/Alerts	Character limit is too small for 'External Notification Email Address' in the Message Group table
7456	All Workflows	Changing the procedure to a non-hold code procedure from the patient folder will not push study to pending PACS Correction WL
11471	Archiving	Work lists that have audio length and audio size columns are displaying a blank values
13584	CD Import	CD Import intermittently throws an error - The issue is with UTF8 encoded files and the PDU reader defaulting to ASCII
13181	Digital Forms	A misconfigured digital form can cause an error
13222	Digital Forms	A required field in a digital form can be left empty and saved
13009	Digital Forms	An error can be thrown on reschedule when a digital form has not yet loaded
12587	Digital Forms	Digital Forms editor needs a logout option
13216	Digital Forms	Parent question field is not updating in the digital form editor
12959	Digital Forms	When creating rulesets a check box needs text in order to work
13719	Digital Forms	Unable to load digital form in editor due to 'Undefined variable' error
12835	eRAD Editor	An extra character is appended to a field
13056	eRAD Editor	When in read only mode the user can still insert macros and templates into report
12910	Exam Search	Exam Search screen is very slow to load
13075	Finding Followup	Finding/Follow up tool window should show if it has data
11842	Insurance Eligibility	The insurance eligibility manager occasionally throws a null reference error
13416	Insurance Eligibility	Changing billing codes is not updating the amount to

		collect field on self-pay
13002	Insurance Eligibility	Co-insurance portion field issue in stored procedure c_bi_eligibility_payment_receipt
13016	Insurance Eligibility	Eligibility and missing units on study_item_certification can cause error on save
13594	Insurance Eligibility	Eligibility items staying on the IVT work list
12292	Insurance Eligibility	Failed queries to Medicare are causing Denial Of Service trigger in their system
13415	Insurance Eligibility	If the initial insurance is not valid and the user overrides to make it approved, the pricing is ignored
13528	Insurance Eligibility	Intermittent exception occurs which prevents re- submitting insurance
13550	Insurance Eligibility	The insurance eligibility service queries too often
12803	Insurance Eligibility	The insurance eligibility portal password is not getting used until a site is selected
13122	Insurance Eligibility	Usual & Customary field from NPD can return as a string and prevent saving in RIS
13218	Insurance Management	When saving a payment the max payment amount to collect is not displayed in error message
13038	Insurance Management	When using insurance eligibility and the last name contains a single quote character, the details screen will not display
9546	IVT / PreCert	PreCert status doesn't update on IVT WL when a detail is changed on the registration/scheduling/walk-in
13349	Linked Reporting	Discontinued non-primary exams re-activate and adopt their primary status on status change to primary study
13290	Linked Reporting	Intermittent null reference error in work lists
13053	Linked Reporting	Linked studies dialog checkboxes should be disabled
13067	Linked Reporting	Linked studies dialog OK button should be disabled
13021	Linked Reporting	Patient Folder control in reporting screen causing a CPU spike

12970	Linked Reporting	ReportCreated action was created and sent for a cancelled linked study
13405	Linked Reporting	The 'Link Studies' right click menu should not show on orders in patient history
13066	Linked Reporting	Unable to dictate on linked studies Pending PACS Correction
13164	Localization	Correct Hebrew text
12685	Localization	Character (") needs to be supported within the patient notes and other fields
13156	Localization	Hebrew localization for Digital Forms and Selected Digital Forms
13337	Localization	Integration messages are not aligned properly when in RTL mode
13308	Localization	Normals Browser group headers left aligned in right to left mode
12894	Mammography	Biopsy screen has not been localized
13229	Mammography	BI-RADS picker not showing on reporting screen
12892	Mammography	Tab order is incorrect on the mammo biopsy screen for the create reminder button
13286	Meaningful Use	Error occurs upon accessing the Labwork Advised WL
8164	Mgt Reports	Radiologist Productivity by User - formatting issues in report
12925	MModal	Intermittent 'Get Data/DisplayData' error when editor is M*Modal and the user attempts to dictate an exam when 'Insert template with markers' turned on
13336	PACS (eRAD) Int - RIS only	Disabling PACS integration when images are already shown on PACS will leave the current images open
13497	PACS (eRAD) Int - RIS only	PACS integration - Unable to enter PACS password
13304	PACS (eRAD) Int - RIS only	Prefetch studies engine is not logging which studies the RIS is attempting to fetch

13302	PACS (eRAD) Int - RIS only	Prefetch studies is occurring even when PACS integration is disabled
12505	PACS (eRAD) Integration	When PACS integrated and close studies using the X on tab, the last study's images may remain open
13307	PACS (eRAD) Integration	PACS loaded status column in the mini patient folder in dictation window is not displaying correct results
12914	PACS (Non - eRAD) Integration	GE Universal Viewer requires a new parameter to tell it not to load priors automatically
12067	PACS (Non - eRAD) Integration	GE Universal Viewer requires a new parameter to tell it stream instead of fetch from archive
13752	PACS (Non - eRAD) Integration	Intermittent PACS error when opening case for signature.
13384	PACS (Non - eRAD) Integration	IW PACS images can get out of sync with RIS (under very specific condition)
12836	PACS (Non - eRAD) Integration	PACS integration is prompting the radiologist with too many message boxes after the update to 44.1.7
13776	Patient Management	A duplicate MRN error can occur when manually linking an external MRN to existing patient
13223	Payment control	If you add a payment before performing a 'check in' the receipt will not be automatically printed
13335	Person Management	Merging an active account person account into an inactive account throws an exception and cannot be merged
13418	Powerscribe Integration	PS360 - Images can get out of sync when closing via the X on tab
13010	Radiology Peer Review	Creating an addendum on a study which is in the QA work list will remove it from QA work list - also unclear which version is being reviewed when in QA screen
12980	Radiology Peer Review	Peer review button is enabled when creating an addendum - even if the same user previously peer reviewed it
12676	Radiology Peer Review	Peer review reporting layout colors are applied

		incorrectly
10853	Radiology Peer Review	Peer review 'skip and continue' does not work
13706	Radiology Peer Review	Peer review button is not always showing/hiding appropriately
13402	Radiology Peer Review	Peer review QA window cursor is always an hour glass instead of a pointer
13112	Radiology Reporting	Ensure all member variables related to patient/study are reset when preparing to reuse the same control (internal patient safety enhancement)
12971	Radiology Reporting	An error can occur when opening the Review window from Peer Review WL
13094	Radiology Reporting	'Assign To' control causes error when using 'next' workflow
13005	Radiology Reporting	Attachment viewer is not evaluating all permissions when showing the report
12854	Radiology Reporting	Cannot Create/Edit report from Perform Exam screen on PACS correction enabled studies.
13421	Radiology Reporting	Delete dictation and report on a non-primary linked study will delete addendum key 0
12904	Radiology Reporting	Emergency Access button shows at all times if user has permission to the button
13219	Radiology Reporting	Hidden error occurs when multiple popups appear in reporting screen
13242	Radiology Reporting	In read-only mode, the report editor command bar shows a large empty gap
13361	Radiology Reporting	Language file has been updated
10626	Radiology Reporting	M*Modal - Automacros are not inserting when inserted via a macro
9162	Radiology Reporting	PACS Loaded Status column in reporting window is not populating when user preference set to "Reuse reporting screen"
12857	Radiology Reporting	Philips Speechmike LED and Foot Pedals do not work

		when running RIS via Citrix
11839	Radiology Reporting	Report assistant - Click save button on report assistant but close on dictation window causes an error
13136	Radiology Reporting	Report history audio control is shared between tabs instead of unique per tab
12573	Radiology Reporting	Reporting docked windows are not maintaining their current tab selections and order on initial load.
11695	Radiology Reporting	RIS crashes when scrolling through the Patient Folder pane in the editing window
13555	Radiology Reporting	Selecting a supervising radiologist from status bar in RIS will show an hourglass instead of a pointer
12747	Radiology Reporting	'Send report for dictation' will not remove suspended flag
12808	Radiology Reporting	'Send To' button on reporting screen allows to fax/print preliminary reports even if user should not have access.
11702	Radiology Reporting	'Set Follow Up Required Flag' is not always sending study to Finding Follow Up WL
12708	Radiology Reporting	'Skip and Continue' then 'Sign and Close' not working with Report Assistant opened and reuse
13050	Radiology Reporting	STAT and ICD buttons in reporting screens re-order after minimize/maximize
12336	Radiology Reporting	Template/Macro Editing - exception viewing templates or macros in the browser within the template/macro editor
13539	Radiology Reporting	The Reject/Edit button behaves as a toggle button instead of single click button
13408	Radiology Reporting	'View images', 'View patient folder' and 'View images and patient folder' actions are not working correctly
13252	Radiology Reporting	'View Patient Folder' button in reporting screen doesn't cause the data panes to load
13059	Radiology Reporting	When in read-only mode, the report assistant save button should be disabled

13058	Radiology Reporting	When in read only mode, users can still insert pick list options
13367	Reception	Registering a second order for same patient + same day prompts user if they want to include the order that was previously arrived
9377	Scheduling	Cancelling a single study cancels all studies from order in specific scenarios
13029	Scheduling	Error on Reschedule from No Show WL and Orders to Schedule WL
12952	Scheduling	Inactive prep instructions still being displayed
13019	Scheduling	Not able to make changes to date/time in Notes/exam Times in Scheduling and arriving statuses
9486	Scheduling	Procedure plan site override of min/max times cannot find available times
12834	Scheduling	Reschedule study can cause other studies from same order awaiting rescheduling to fall off work list
9521	Scheduling	Scheduling from Existing Orders window doesn't auto-populate Site in Advanced Search
9378	Scheduling	Scheduling an order can include a cancelled study that was originally scheduled together
13609	Scheduling	Scheduling screen site groups drop down should not show entries that are non-scheduling site groups
12755	Service Tools - Installer	Branding issues in client application - incorrect icon and directory naming
13283	Structured Reporting	Preview report - Tables are not displaying correctly in print preview when an addendum also has a table.
13378	Technologist	Exam status can revert back to Started when including multiple exams in Perform Exam and starting them separately
13006	Technologist	Perform Exam - Notes/Exam Times - Disabled fields become enabled when including a second study
7495	Technologist	Performed modality does not show up on the

		documentation window if it is now disabled
9688	Thick Client GUI	Opening a data window action sometimes results in an empty white tab
11963	Thick Client GUI	Using the escape key to exit out of adding new site throws an error
13385	UI Look and feel	Add space in title for Signs & Symptoms
11928	UI Look and feel	Annotate breast drawing label overlaps radio button in Hebrew
12982	UI Look and feel	Controls on the Exam Details tab in View Edit needs some adjustments.
12938	UI Look and feel	Critical Result button not re-enabling on Emergency Access
12941	UI Look and feel	Drop XML button on reporting base issues
12936	UI Look and feel	ICD button issues on reporting screen.
13763	UI Look and feel	IVT WL - Site select has no tool tip
12940	UI Look and feel	Launch PS360 button issues
13248	UI Look and feel	Peer review window - if font is larger the sentence 'I disagree with this review' is partially clipped
13233	UI Look and feel	Phone number mask - cannot enter a '+' at beginning of number if numbers are entered first
12946	UI Look and feel	Reject/Edit Button in reporting screen issue.
12985	UI Look and feel	Report History control is partially covered by the Legacy Report button's container
12945	UI Look and feel	Show PACS images button in reporting screen issues
12937	UI Look and feel	Stat button on reporting screen does not enable on emergency access
13027	UI Look and feel	Typo in "Reset Scanner Selection" message
13264	Upgrade process	Two missing access strings in upgrade scripts
13117	View Edit	StudyExtraInfo exception logged 31 times

9284	View Edit	View/Edit - Error on opening Billing Codes tab on Discontinued exams
13774	Walk-In	Error arriving walk-in. Duplicate studies created
12744	Worklists	Attachment viewer on the patient folder (both main and mini) will not load the report initially
13366	Worklists	Default custom views must be reset as default after upgrade to 2016.1
13543	Worklists	IVT WL are performing badly causing serious over utilization on the CPU
13772	Worklists	Site group issues on IVT WL when a site_group_code matches a site_code
13748	Worklists	The PeerReviewPendingQA (All) is taking longer then 2 seconds to run
13237	Worklists	WL Filter FFlag selection is not translated
13585	Worklists	WL that call the stored function c_GetReportLockByUserID caused a measurable increase in CPU
13045	Worklists	Work list Columns with Lookup Filters Cause Issues with Filtering and Custom Views
13341	Web Services/DB	Database view c_vw_client_worklist is no longer valid
13208	Web Services/DB	Missing index on c_user table
13161	Web Services/DB	Study remains locked by your user, after tentatively signed is released
13580	DB	Stored procedure missing a where clause - c_bi_radiologist_signing_activity
13546	DB	DB upgrade scripts do not correctly populate the c_patient_phone table
13542	DB	DB missing index
13526	DB	DB upgrade scripts may deadlock with other competing process

13524	DB	The 2016.1 upgrade scripts take too long to run
13523	DB	The 2016.1 upgrade scripts from B44.7 cause loss of data
13423	DB	RIS SQL jobs does not have a schedule for Update Mammo Recall Categories
13210	DB	Missing index on I_snomed_icd10_map
9732	DB	Database triggers rolling back transaction hides the error
7654	DB	B43 MU Scripts - Confirm they were properly imported
12046	Build	The default browser emulation level of the WebBrowser Control causes javascript errors in many web pages including digital forms
12483	Build	UV Templates directory is not included in RIS build package
13414	Mgt Reports	SQL Reporting folder missing custom "Upload" folders with build
13300	Scanning	Invisible error - Failed to refresh scan history error
13116	Scheduling	Invisible error - Specified cast exception - cast not valid

KNOWN LIMITATIONS

The following are Bugs and Support Issues found in build 2.2016.2. Bugs reported in previous versions are not captured as Known Limitation in this document.

#	Priority	Category	Subject
13590	Low	DB	Inbox messages work list stored procedure always has 0 rows retrieved

13474	High	EMR	EMR patients don't match when attribute c_child_patient create_internal="N"
12989	Normal	EMR	Import scheduled procedures window is displaying order procedure description instead of scheduled procedure description
13288	Normal	Image request	Referring physician image requests can be duplicated
13614	Normal	Meaningful Use	Exporting a CCD file and running it thru the XDS toolkit should not produce any errors
13172	Normal	M*Modal	M*Modal 7.93 dictation commands that do not work
13088	Low	M*Modal	M*Modal - fields tool window is not updating immediately
13602	Normal	PACS (eRAD) Integration	In the reporting window when you click view images when you already have those images open in PACS, receive a prompt asking you to break the lock you have on the images
13791	Normal	PACS (Non - eRAD) Integration	Hologic PACS - in the mini patient folder, the 'PACS Loaded status' column is populating 'Open' for the relevant studies
13615	High	Portal Viewer	Portal windows are leaking memory
13788	Normal	Powerscribe Integration	PS360 - if multiple studies are open in the reporting window, when closing the requested addendum study, 2 studies are closed.
13762	Normal	Radiology Reporting	Clinical.PreviewSuspendedReport set to NONE, getting different behavior in create/edit window vs dictate window vs sign window.
13182	Normal	Radiology Reporting	Report that is sent to PACS has the element {BR} displayed in the report. The report in RIS has a bolded section but the same section

			in the template is not bolded.
13049	Normal	Radiology Reporting	Inserting a macro with picklist with default macro option multiple times doesn't work
13805	Normal	Scanning	Scan doc association - patient level attachment changed to order level remains associated with other studies
13807	Normal	Scheduling	Error on close of scheduling and registration in some cases
13810	High	Scheduling	Cancelling an order twice will result in the procedure field being blank when scheduling it again
13809	High	Technologist	Error in Technologist WL - Object reference not set to an instance of an object and exam status does not change
13519	High	Technologist	Assigned Rad list in Perform Exam window is reordered after initial selection
13518	High	Technologist	Assigned Radiologist is not retained if referrer has preferred radiologist and included study is toggled
13588	Normal	UI Look and feel	Arrival early/late field calculates for completed studies
13241	Low	UI Look and feel	In the Carrier search window, the format mask for fax number is not applied
13011	Normal	UI Look and feel	Log control fields don't separate auto text
13745	Normal	User Views	Order # column not visible with existing my views
13475	Normal	View Edit	Problems with billing code adding/editing on View/Edit screen

